

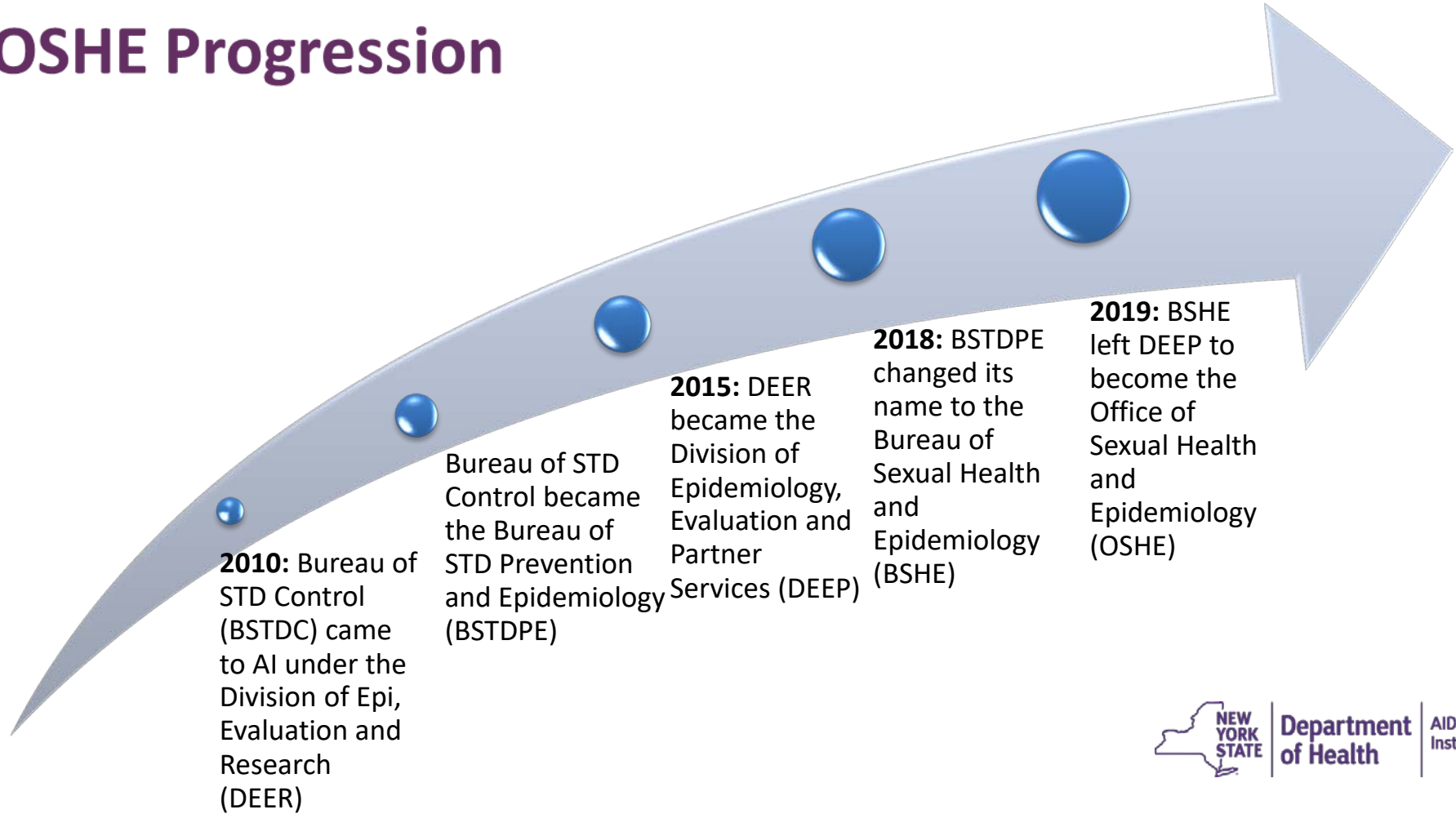
Office of Sexual Health and Epidemiology (OSHE)



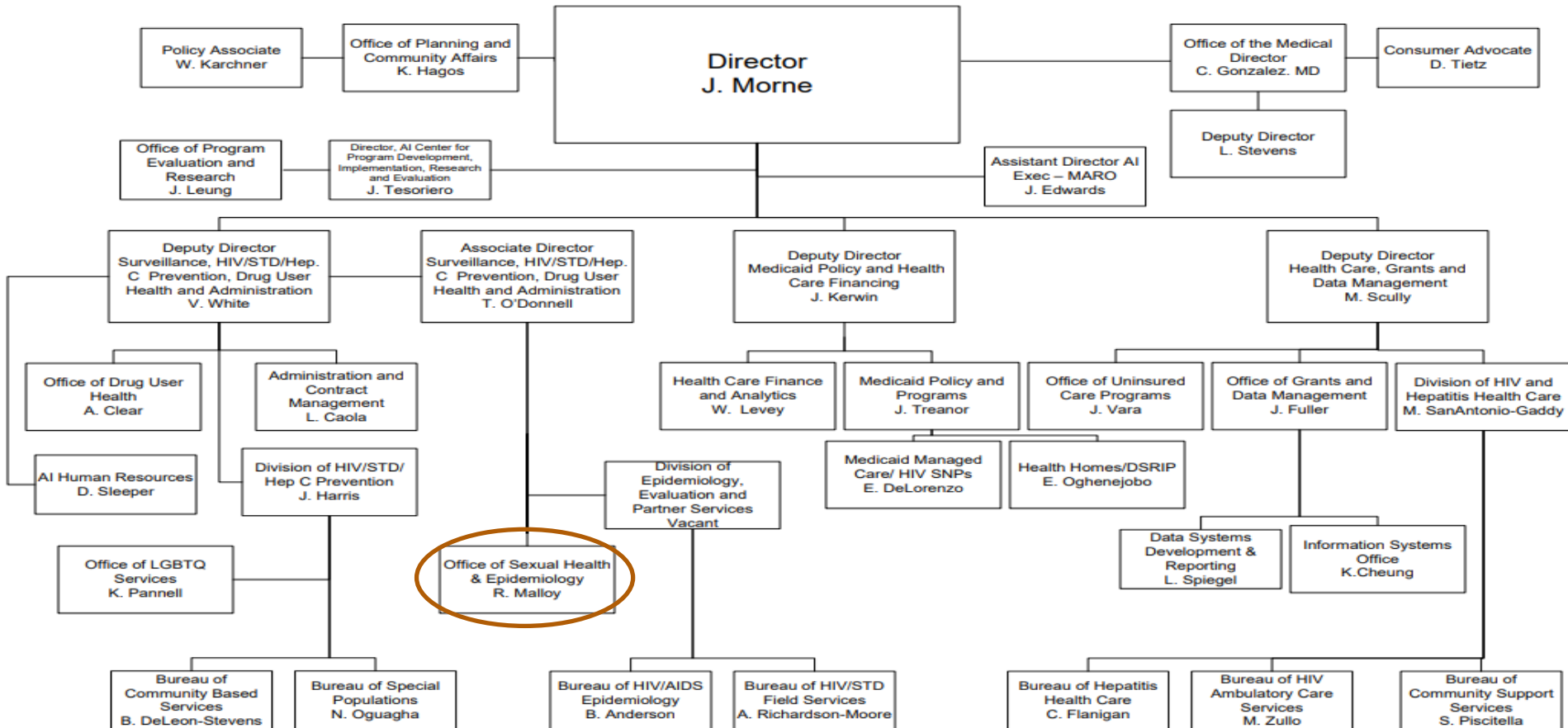
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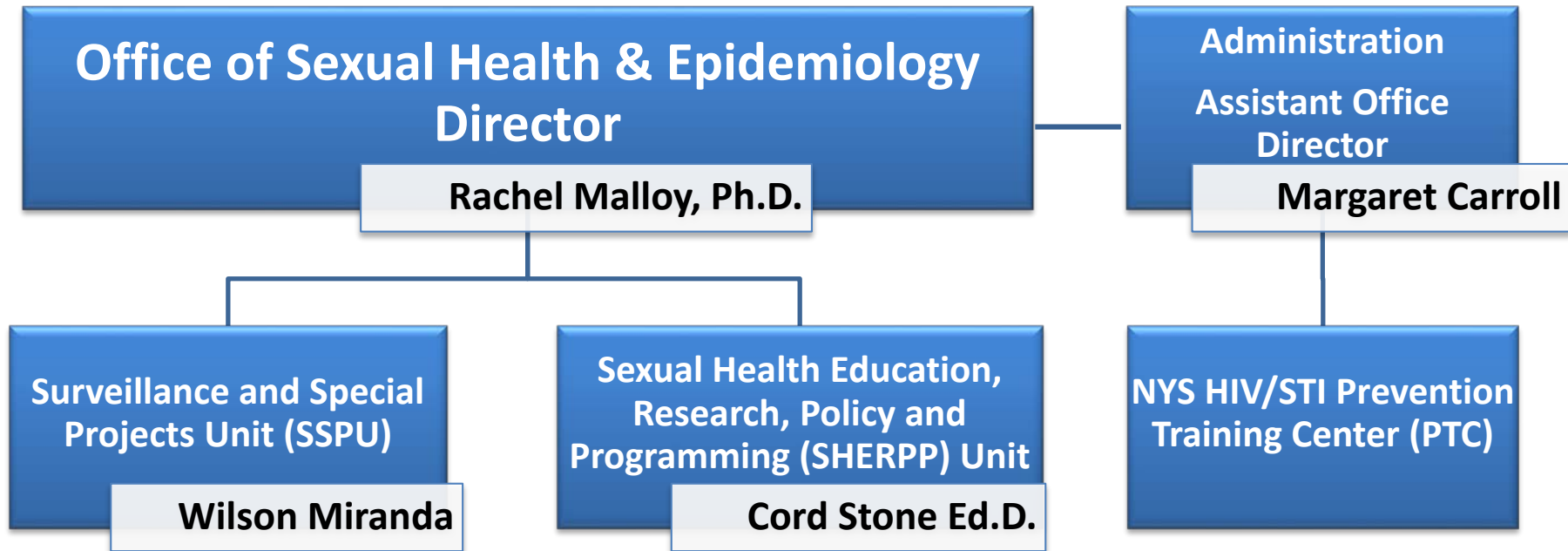
OSHE Progression



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Office of Sexual Health & Epidemiology (OSHE)



Surveillance and Special Projects Unit (SSPU)



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Surveillance and Special Projects Unit (SSPU)

Oversees surveillance activities for chlamydia, gonorrhea, and syphilis for NYS (excluding NYC)

Provides reporting and support for Partner Services (PS) activities via reports for PS staff, technical support for PS staff, and reporting to the CDC

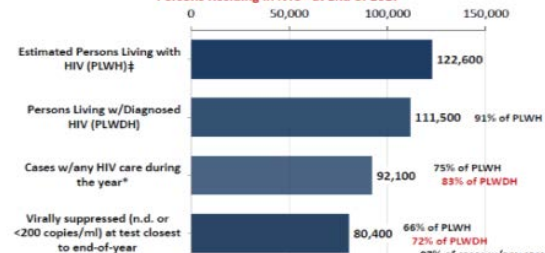
2017 NYS STI Surveillance Report

[NYS HIV/AIDS Data](#)

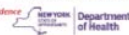
[NYS STI Data](#)

New York State Cascade of HIV Care, 2017

Persons Residing in NYS† at End of 2017



Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.
* PLWDH and persons living with undiagnosed HIV (7.4% for NYC and 14.5% Rest of State)

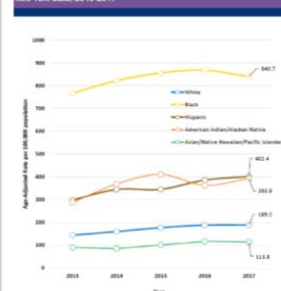


New York State HIV/AIDS Annual Surveillance Report

For Persons Diagnosed Through December 2017

Bureau of HIV/AIDS Epidemiology
AIDS Institute
New York State Department of Health

Figure 13. Chlamydia Rates by Race/Ethnicity and Year
New York State, 2013-2017



What this figure shows
Non-Hispanic black individuals are disproportionately impacted by chlamydia, followed by American Indian/Alaska Native and Hispanic individuals



Action Brief

Reducing Sexually Transmitted Diseases (STDs) among NYS Young People

STDs in New York State

Teens and young adults are disproportionately affected by sexually transmitted diseases (STDs). While this age group makes up about 14% of NYS population, 3 out of 5 STDs were among young people. Although many STDs can be serious consequences if untreated, many people don't have symptoms. Most people don't know they are infected.

69,500 New STD infections in New York Young People (15-24 yrs.)



Chlamydia (CT) and gonorrhea (GC) are the two most common reportable STDs. Both disproportionately affect teens and young adults. Viral STDs, including genital herpes and genital warts, are not reportable, but are very common.

Who is at Risk?

More than 2 out of 5 (37.9%) NYS high school (HS) students have had sex, with the number of students reporting past sex increasing by grade 8.

Percent of NYS HS Students Who Report Past Sexual Intercourse, 2013
37.9% Overall†

Significant health disparities exist for racial and ethnic minority populations. Compared to White, non-Hispanic New Yorkers:



Nationally, among sexually active teens, 1 in 4 will have an STD by age 18.



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Sexually Transmitted Infection (STI) Focus




Reportable STIs

- **Chlamydia**
- **Gonorrhea**
- **Syphilis**
- **HIV**
 - **HIV Surveillance**-Bureau of HIV/AIDS Epidemiology (BHAЕ)
 - **Partner Services Analytics**-Office of Sexual Health and Epidemiology (OSHE)

Non-Reportable STIs

- Bacteria Vaginosis
- Genital Herpes
- Hepatitis B
- Human Papillomavirus
- Pelvic Inflammatory Disease
- Trichomoniasis
- Other STD's (chancroid, lymphogranuloma venereum, mycoplasma genitalium, public lice infection, scabies)



Emphasis will be considered when/if outbreaks or cases arise



2018 STI Surveillance Increases Highlighted for New York State (including New York City)

CHLAMYDIA

2.4%

2017: 116,843 | 2018: 119,670

5 consecutive years of increases

6.0%

increase among **males**

58.8%

of diagnoses among **females**

4.6%

increase in ROS*

1.1%

increase in NYC*

GONORRHEA

9.4%

2017: 34,111 | 2018: 37,322

5 consecutive years of increases

10.7%

increase among **males**

72.4%

of diagnoses among **males**

5.4%

increase in ROS*

11.2%

increase in NYC*

EARLY SYPHILIS

8.1%

2017: 6,252 | 2018: 6,758

7 consecutive years of increases

29.3%

increase among **females**

92.3%

of diagnoses among **males**

11.2%

increase in ROS*

7.4%

increase in NYC*

CONGENITAL SYPHILIS

93.3%

2017: 15 | 2018: 29

3 consecutive years of increases

79%

of potential **congenital syphilis cases** were **averted** in 2018**

12.5%

increase in ROS*

185.7%

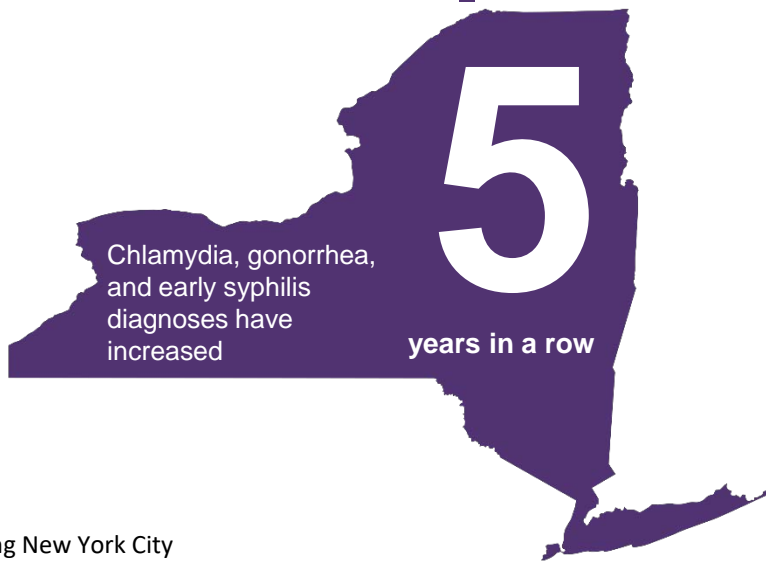
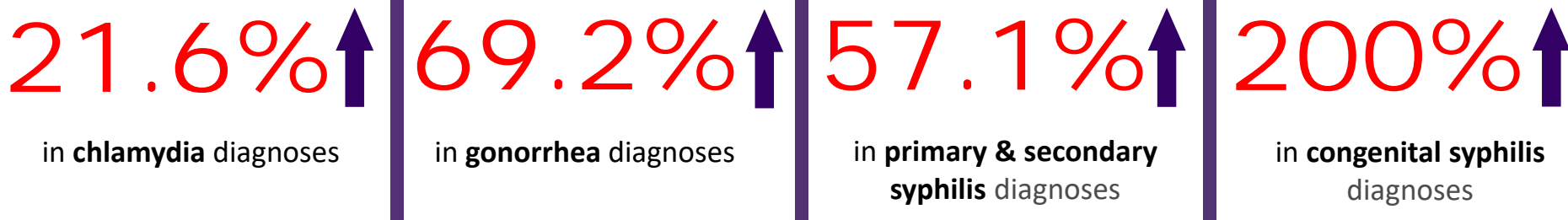
increase in NYC*

*Percent increase from 2017 - 2018

**138 pregnant women diagnosed with syphilis; only 29 infants diagnosed with congenital syphilis cases in 2018

NYC – New York City; ROS – Rest of State (excluding NYC)

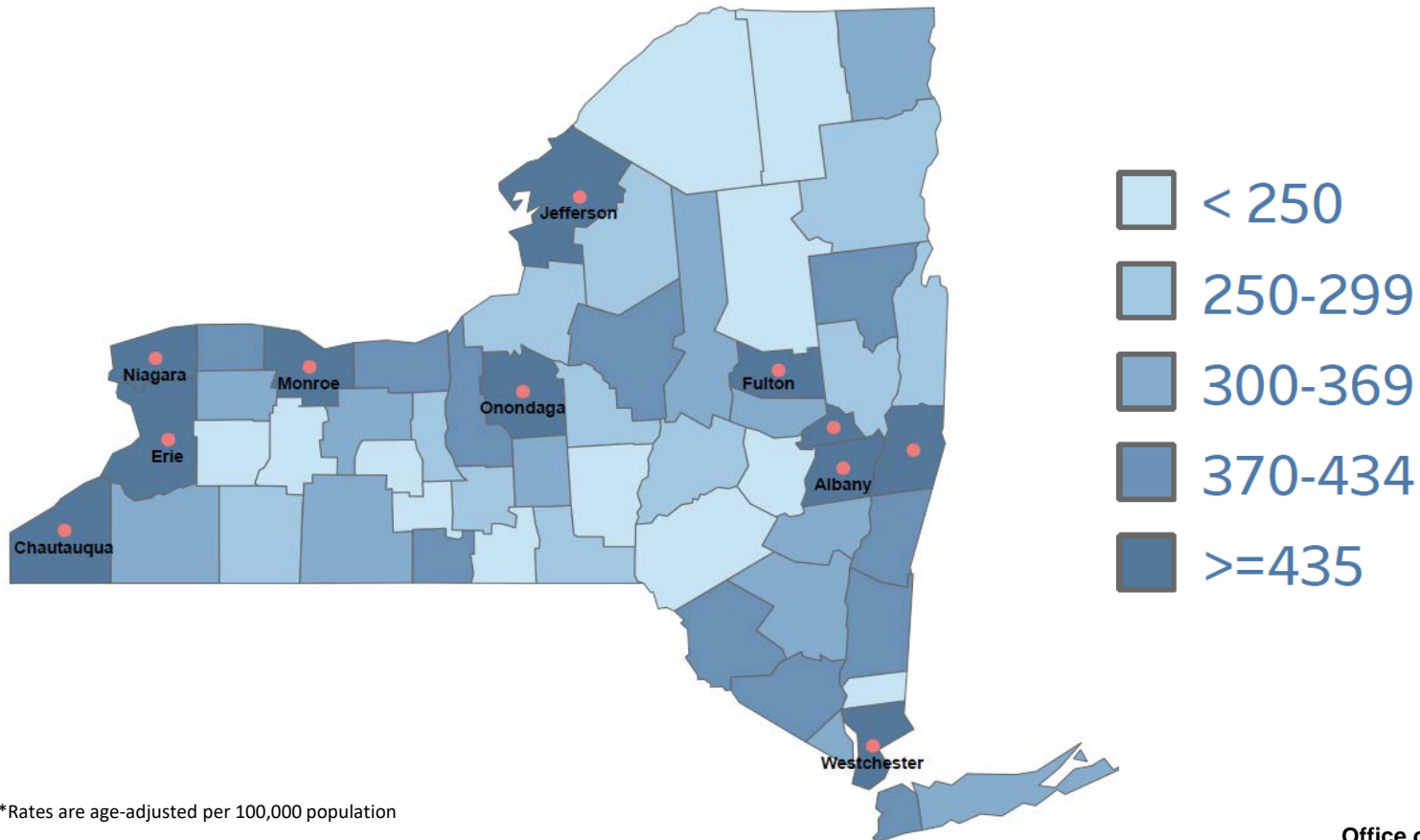
An Upward Trend in STI Diagnoses from 2014 to 2018*



*Data are specific to New York State excluding New York City

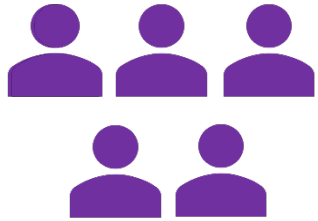
Office of Sexual Health and Epidemiology

2018 Chlamydia Rates* by County (excluding New York City)

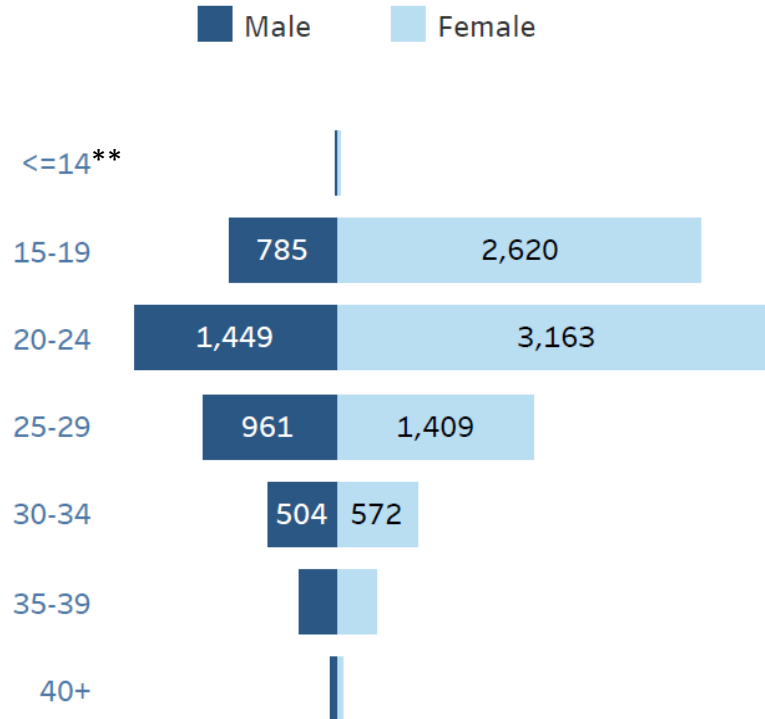


Chlamydia in New York State (excluding New York City) - 2018

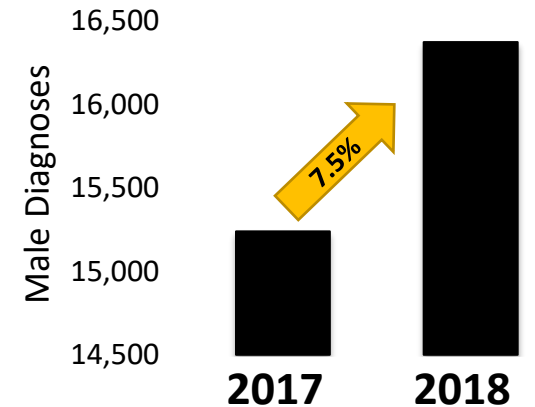
Compared to white non-Hispanic persons*, black non-Hispanic persons are...



5x more
impacted by
Chlamydia

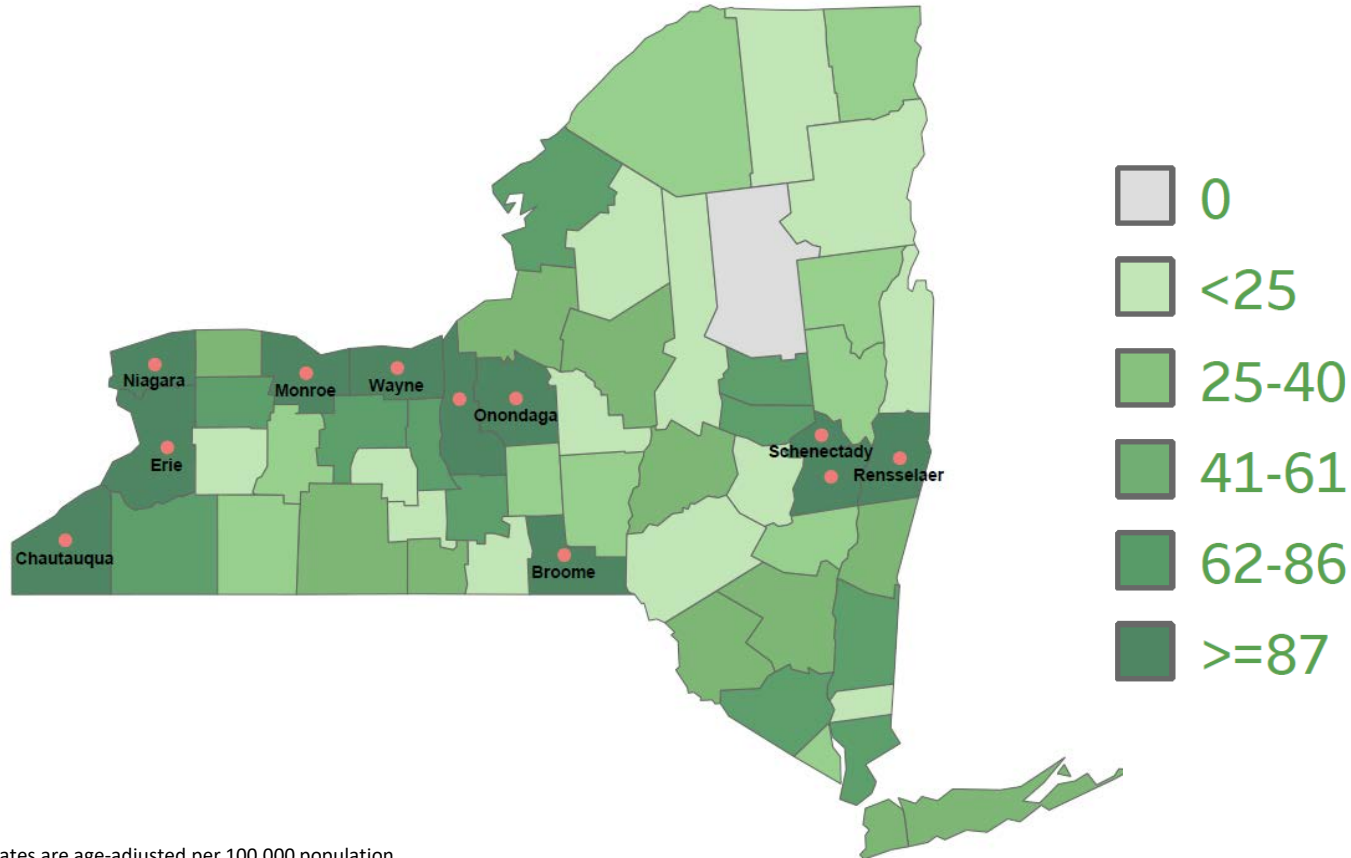


**Age-specific rates per 100,000 population



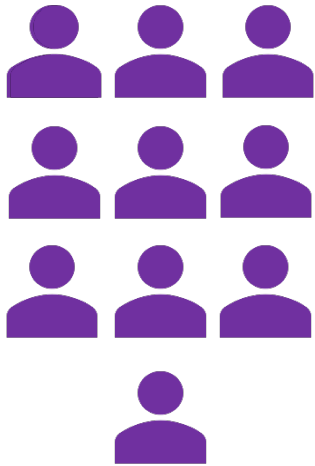
Higher percent increase among
male diagnoses

2018 Gonorrhea Rates* by County (excluding New York City)



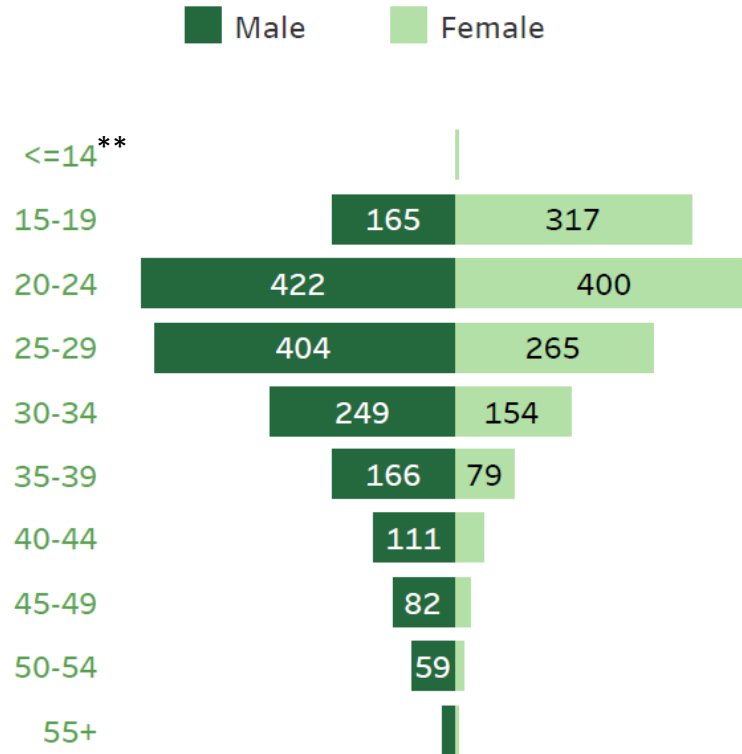
Gonorrhea in New York State (excluding New York City) - 2018

Compared to white non-Hispanic persons*, black non-Hispanic persons are...

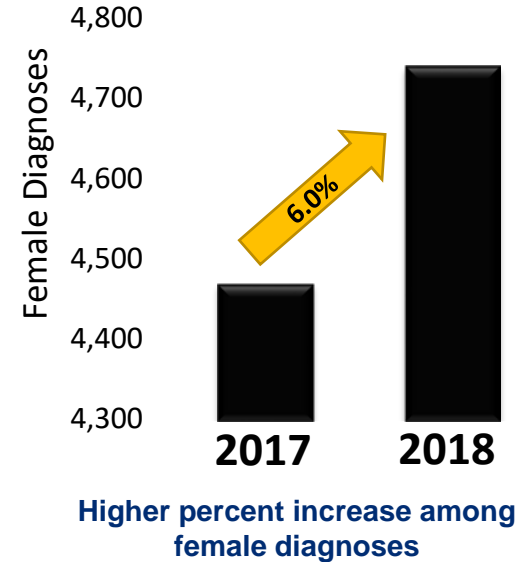


10x more
impacted by
Gonorrhea

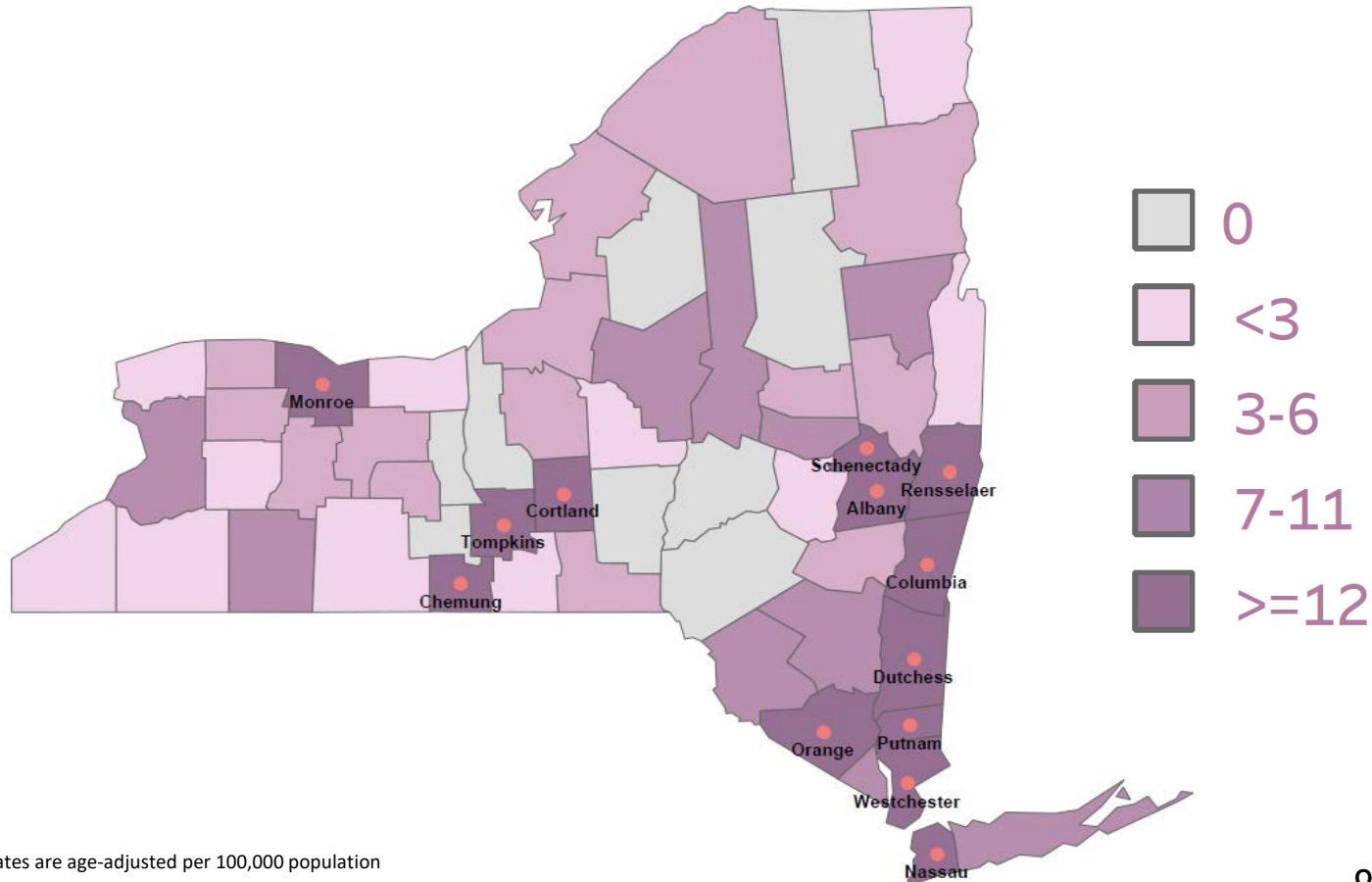
*Based on age-adjusted rates per 100,000 population



**Age-specific rates per 100,000 population

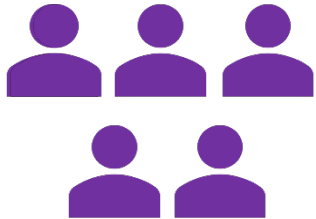


2018 Early Syphilis Rates* by County (excluding New York City)

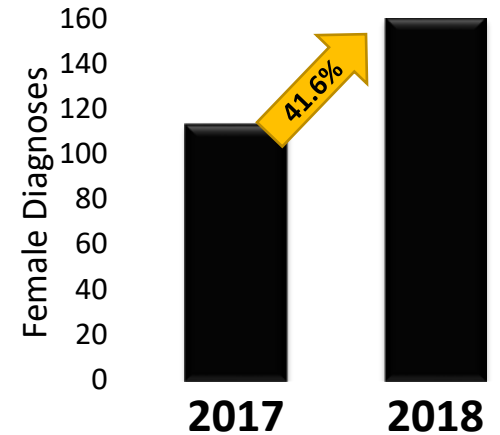
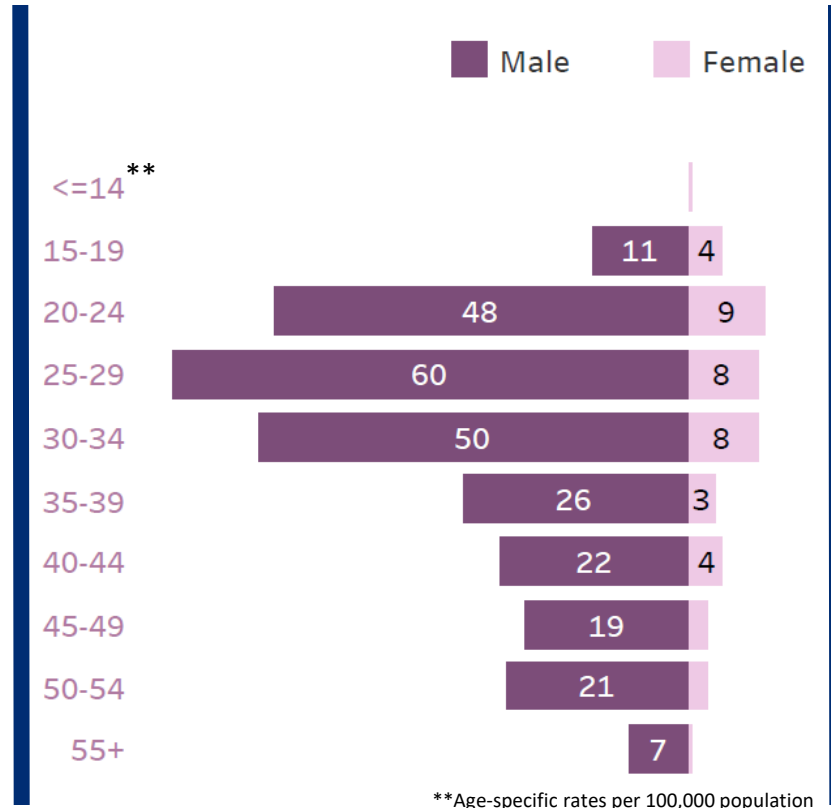


Early Syphilis in New York State (excluding New York City) - 2018

Compared to white non-Hispanic persons*, black non-Hispanic persons are...



5x more
impacted by **Early Syphilis**



Higher percent increase among female diagnoses

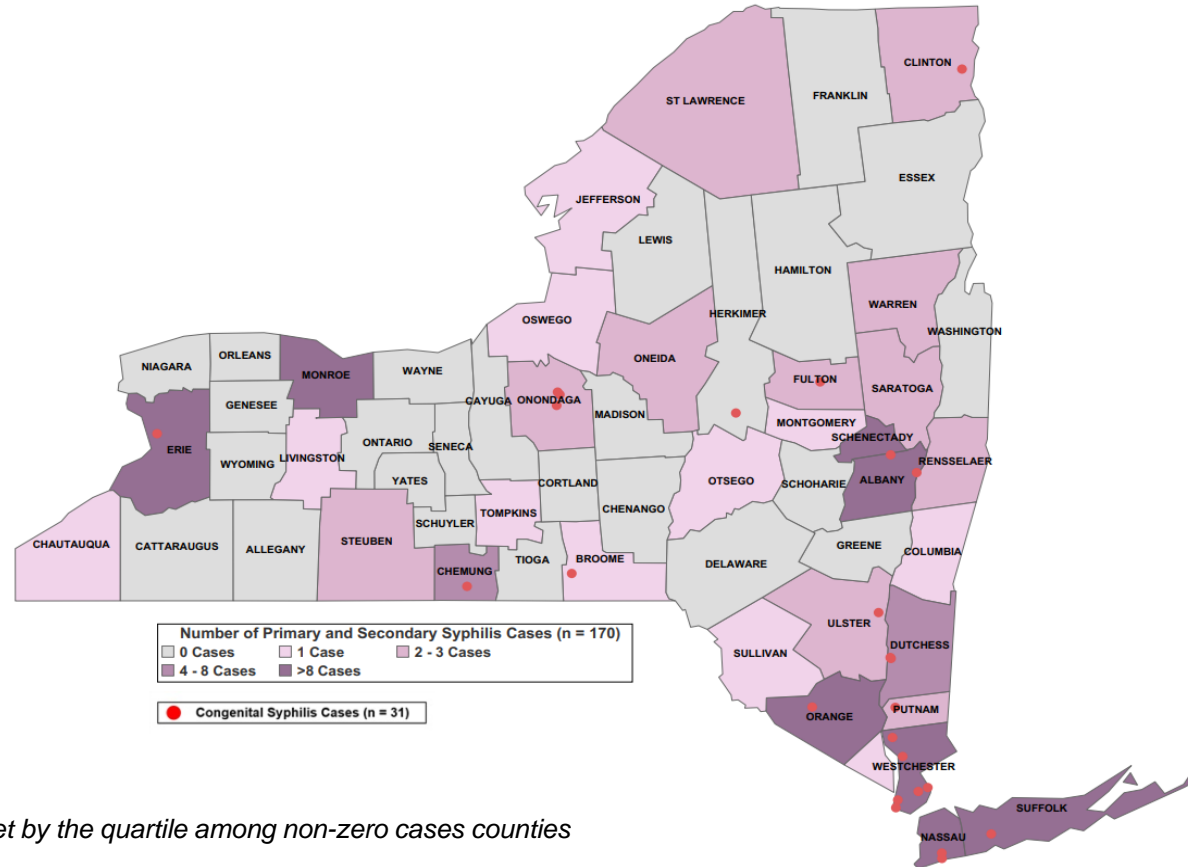


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*Based on age-adjusted rates per 100,000 population

Congenital Syphilis and Primary and Secondary Syphilis Cases among Women of Childbearing Age, by County, New York State excl



200% ↑
in congenital syphilis
diagnoses from 2014
to 2018

*Colors are set by the quartile among non-zero cases counties

CDC Screening Recommendations

Population	Chlamydia (CT) and Gonorrhea	Syphilis
Women	<ul style="list-style-type: none"> Sexually active women < 25 (annual) Sexually active women 25+ if at increased risk Retest ~ 3 mos. after treatment 	
Pregnant Women	<ul style="list-style-type: none"> All pregnant women < 25 and 25+ if at increased risk Retest for CT during the 3rd trimester for women < 25 or at risk Pregnant women with CT infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 mos. Retest for gonorrhea 3 mos. After treatment 	<ul style="list-style-type: none"> All pregnant women at the first prenatal visit Retest early in the third trimester and at delivery if at high risk
Men	Consider screening young men in high prevalence clinical settings ⁵ or in populations with high burden of infection (e.g. MSM)	
Men Who Have Sex with Men (MSM)	<ul style="list-style-type: none"> At least annually for sexually active MSM Every 3 to 6 months if at increased risk 	
Persons Living with HIV	<ul style="list-style-type: none"> If sexually active, screen at first HIV evaluation, and at least annually thereafter More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology 	

Sexual Health Education, Research, Policy and Programming (SHERPP) Unit



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Sexual Health Education, Research, Policy and Programming (SHERPP) Unit



- Ensures sexual health and STI educational materials (brochures, one-pagers, etc.) are: up-to-date, relevant to changing priority populations, culturally sensitive, non-stigmatizing, and written in plain language
- Creates/distributes written and web-based communication: press releases, letters, website, etc.



- Conducts research to investigate and study societal and programmatic sexual health trends to potentially influence social change, policy, health equity and program promotion



- Supports/promotes changes to laws/regs/policies with changes in STI epidemics
- Interprets current laws, regulations, and policies pertaining to STI screening, treatment, and prevention



- Develops, implements, and evaluates sexual health/STI programming
- Increases public understanding around STIs and sexual health in NYS

Office of Sexual Health & Epidemiology.....





01

The Shift Towards Sexual Health:

- Positive and respectful approach to sexuality and sexual relationships
- Shift from disease perspective to overall sexual health
- Ownership of sexual health
- Comprehensive sexual history taking at providers office

Office of Sexual Health & Epidemiology

Strategy to Define & Expand Sexual Health

NYS DEPARTMENT OF HEALTH AIDS INSTITUTE

2020 SEXUAL HEALTH PRIORITIES **DRAFT**

Sexual Health- "The ability to embrace and enjoy our sexuality throughout our lives."

- Recognizing and respecting the **sexual rights** we all share
- Having access to **sexual health information, education and care**
- Making an effort to **prevent unintended pregnancies and STIs** and **seek care and treatment** when needed

Ensure Sexual Health Equity



- Understanding that **sexuality** is a natural part of life and involves more than sexual behavior
- Being able to **experience sexual pleasure, satisfaction, and intimacy** when desired
- Being able to **communicate about sexual health** with others including sexual partners and healthcare providers

Promote Sex Positivity and Reduce Stigma



Goal:

Move from a STI-specific lens to a broader sexual health population-level focus

Plan:

Create collaborative sexual health definition, objectives & measures from the input of AI staff and Stakeholders



02

NYS Condom Program

January 1, 2019 – NYS partnered with the NYC Condom Program to increase the number of New Yorkers **access to safer sex supplies**

OSHE serves in a supportive capacity, directing funding and programming to the NYS Condom Program



03

Educational Brochures



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04

DOH STI Webpage

Revised and reorganized in August 2019

Organized into the following sections:





05

EPT for Chlamydia Article 6 Performance Incentive Project

Goal: To promote Local Health Departments' practice of EPT for chlamydia throughout New York State

Educate

- To educate providers on EPT

Report

- To improve the reporting and documentation of EPT provision in CDESS

Provide

- To increase the provision of EPT through medication-in-hand and prescriptions



NEW YORK
STATE OF
OPPORTUNITY.

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GOT CHLAMYDIA?

Get treated, then ask your provider about:

Expedited
Partner Therapy

EPT



EVERY PARTNER TREATED

NYS HIV/STI Prevention Training Center (PTC)



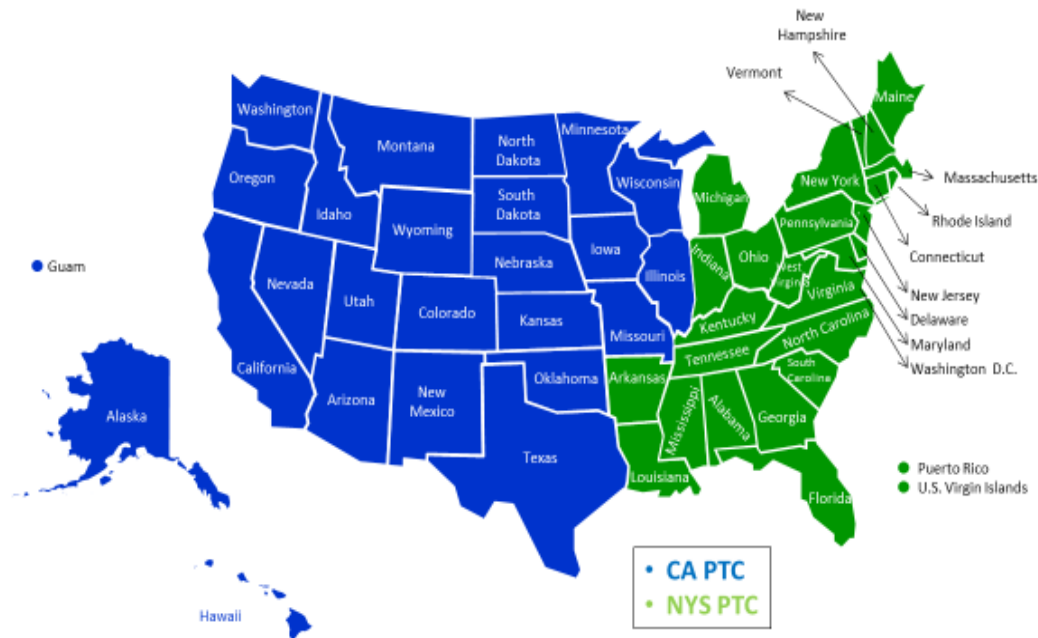
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NYS HIV/STI Prevention Training Center (DTCC)

- Member of the national **Disease Intervention Services Training Center (DISTC)** collaboration
- Deliver standardized national training and decision-making tools to newly hire Disease Intervention Specialists (DIS) providing Partner Services (PS) in health departments and other related settings
 - **Track A:** 1 hour online course for CME / CNE credits (for medical providers)
 - **Tracks B, C, D:** Blended online and in-person trainings (for DIS and other PS providers)
 - **Track X** (Browse Track): Online modules only (available to all)
 - **TOPSAFE:** Field safety training (for DIS and other field workers)

DISTC Primary Service Area



Promoting Sexual Health Across AIDS Institute



Align AI efforts with Sexual Health Framework



Collaborate with Divisions as Subject Matter Experts (messaging, language, sex positive approaches, etc.)



Coordinate on sexual health related efforts: RFAs, contract management aspects, brainstorming, review, etc.

QUESTIONS



Contact

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